



OCTOBER: TIME DOCUMENTATION FORM

Name: _____
Please Print

Location: _____ Grade(s): _____ # Kids _____

Week 1 (Oct 5-9): I spent _____ hours teaching nutrition.

Week 2 (Oct 12-16): I spent _____ hours teaching nutrition.

Week 3 (Oct 19-23): I spent _____ hours teaching nutrition.

Week 4 (Oct 26-30): I spent _____ hours teaching nutrition.

Total hours this month: _____

Please indicate how many times (not X's or check marks) you taught the following nutrition/physical activity topics this month (can be any length of time & can be taught more than once a day):

#	Topic	#	Topic
	Fat Free & Low Fat Milk or Equivalent (and Alternative Calcium Sources)		MyPyramid – Healthy Eating Plan
	Fats and Oils		Physical Activity
	Fiber Rich Foods		Promote Healthy Weight
	Food Shopping / Preparation		Sodium & Potassium
	Fruits & Vegetables		Whole Grains
	Lean Meat & Beans		Hand washing/food safety
	Limit Added Sugars or Caloric Sweeteners		

Note: Topics taught at separate times should each be counted separately. However, if any two topics from MyPyramid are taught together (fruits & veggies, whole grains, milk, meats & beans), they should be counted as MyPyramid not as individual topics. **For example,** if Fruits & Veggies are taught in one session and Whole Grains are taught in a separate session then these would be counted separately. If they were both taught together in the same session then it would be counted as MyPyramid.

Estimated Length of Sessions
Shortest:
Longest:

Employee Signature _____

Date _____

Kid Zone Supervisor Signature _____

Date _____

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Forms should be turned in at the end of each month to your designated staff member or the Kid Zone mailbox at your school. For questions or concerns contact: Kim Williams at (480) 350-5447, kim_williams@tempe.gov or Brandon Hernandez at (480) 350-5409, Brandon.Hernandez@tempe.gov. Thank you for your participation.

Time Documentation Form Oct-09